

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL

COLUMBIA AREA MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR ROBERT L. BANK, MD

Spring 2012

DMH
OPERATES A
NETWORK OF
SEVENTEEN
COMMUNITY
MENTAL HEALTH
CENTERS,
42 CLINICS,
FOUR
HOSPITALS,
THREE
VETERANS'
NURSING
HOMES, AND
ONE
COMMUNITY
NURSING HOME.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric
Hospital

William S. Hall Psychiatric
Institute (Child & Adolescents)

Morris Village Alcohol & Drug
Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care
Center - Stone Pavilion
(Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care
Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric
Hospital

Richard M. Campbell
Veterans Nursing Home

Walterboro, SC

Veterans Victory House
(Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. But it was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'. This legislation made South Carolina the second state in the nation (after Virginia) to provide funds for the care and treatment of people with mental illnesses.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities

grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well over 6,000 patients on any given day. From 1828 through 2011, South Carolina state-run hospitals and nursing homes treated over 947,000 patients and provided over 148,500,000 bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

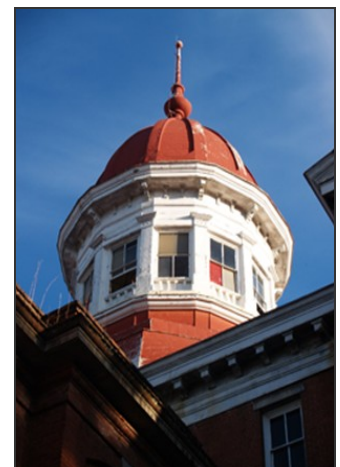
The 1950's saw the discovery of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. The centers and clinics have served over 2,800,000 patients, providing over

38,000,000 clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 42 clinics, three veterans' nursing homes, and one community nursing home. DMH is one of the largest hospital and community-based systems of care in South Carolina. In FY11, DMH outpatient clinics provided 1,175,482 clinical contacts and DMH hospitals and nursing homes provided nearly 530,000 bed days. Last year, DMH treated nearly 100,000 citizens, including approximately 30,000 children and adolescents.

DMH
MISSION:
TO SUPPORT
THE RECOVERY
OF PEOPLE
WITH
MENTAL
ILLNESSES.



Babcock Building Cupola



COLUMBIA AREA MENTAL HEALTH CENTER

2715 COLONIAL DRIVE

SUITE 100B

COLUMBIA, SC 29203

(803) 898-4800

(803) 898-8888 (Crisis Line)

Counties Served: Richland and Fairfield

COLUMBIA AREA MENTAL HEALTH CENTER

One of the first public laws addressing community mental health services was passed in 1952. Less than a year later, in October 1953, the Richland County Mental Health Clinic (RCMHC) opened, and, within a year, was seeing patients from 17 surrounding counties. In 1967, RCMHC was certified as the first 'comprehensive community mental health center' in the southeast, and the Columbia clinic changed its name to Columbia Area Mental Health Center (CAMHC). In order to qualify for this designation, the Center had to meet federal standards for a wide range of services. Since the most visible community mental health component to people in the community is 24-hour emergency services, the Center contracted to pay part of the salaries of four emergency room physicians at the county general hospital (now Palmetto Health

Richland). These doctors, acting for the Center, provided round the clock emergency psychiatric screening services. In 1977, CAMHC was one of 12 centers in the country to be fully accredited as a 'Psychiatric Facility' by the Joint Commission on the Accreditation of Hospitals (JCAHO). Also that year, the Winnsboro satellite office was opened, where clinicians from the Columbia office provided services for children and adults five days per week.

CAMHC currently provides outpatient mental health services to Richland and Fairfield County residents in response to public mandates and identified needs. Priority is given to adults with serious and persistent mental illnesses, to seriously emotionally disturbed children and adolescents and their families, and to persons experiencing psychiatric emergencies. From crisis to inten-

sive to forensic to clinic services, Center programs focus on stabilizing clients, keeping them out of the hospital, and supporting them in living productive lives in the community.

The Center was awarded its first Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation in 1998, and it is currently CARF accredited for Community Integration, Supported Living, and Outpatient Treatment (Adults), Outpatient Treatment (Children and Adolescents), and Crisis Intervention (Children and Adolescents and Adults). CAMHC partners with various community organizations, such as Richland County schools, Palmetto Health, Alvin S. Glenn Detention Center, and Lexington/Richland Alcohol and Drug Abuse Council (LRADAC). Center staff members are actively involved in educational programs and advocacy efforts throughout the community.

CENTER
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COMMUNITY.

Numbers at a Glance for Fiscal Year 2011

	<i>Columbia Area Mental Health Center</i>	<i>DMH Statewide</i>
<i>Adult Outpatients Served</i>	6,136	59,427
<i>Child Outpatients Served</i>	1,709	30,058
<i>Total Outpatients Served</i>	7,845	89,485
<i>Population</i>	408,460	4,625,364
<i>Clinical Contacts Provided</i>	108,377	1,175,482
<i>School-Based Schools</i>	19	388
<i>Children Served by School-Based Programs</i>	501	12,064
<i>Supported Community Living Environments</i>	379	3,395



ROBERT BANK, MD - CAMHC EXECUTIVE DIRECTOR AND DMH MEDICAL DIRECTOR



Robert Bank, MD
CAMHC Executive Director
And DMH Medical Director

Bob Bank, MD, born and raised in the Chicago suburb of Elmhurst, earned his bachelor's degree and MD from Loyola University. Heading east, Dr. Bank completed his internship, residency, and a clinical research fellowship at Walter Reed Army Medical Center. During his time in the military, he was Chief of Outpatient Services at Ft. Knox, Kentucky, and Ft. Gordon, Georgia. He began his career with DMH in 1982 and became the executive director of CAMHC in 2006. He is a Clinical Professor at the USC School of Medicine Department of Neuropsychiatry, and has been medical director at Charter Rivers (now Three Rivers), Richland Springs, and United Behavioral Health. Dr. Bank gave up his private practice in 2006; currently, he is the CAMHC executive direc-

tor and DMH medical director.

Dr. Bank believes his unique background in the military, clinical services, and as a clinical administrator allows him to organize and manage multiple tasks in his current positions. His use of the 'team' model, first encountered in the military, has served him well throughout his career. The Center's senior management team members share respect for each other, as well as "a deep concern for the plight of our patients...We all share in the enjoyment of our work and also share difficulties in seeking solutions...Staff are what make doing both jobs possible." Dr. Bank's management style has encouraged loyalty and camaraderie among the staff.

If CAMHC were to receive

increased funding, Dr. Bank would complete the final phase of the physical plant, which would result in a first class behavioral health campus. In addition, he would expand its specialty clinics; while these clinics do not serve many clients, those they do serve are touched deeply and in a special way. For example, the Dialectical Behavior Treatment (DBT) program treats people who are often from abused backgrounds, suicidal, and on an emotional roller coaster. By pairing these very difficult clients, who take up so much time and energy, with clinicians who have DBT expertise, the Center is able to operate more efficiently. CAMHC would then be able to open niche clinics (e.g., for eating disorders, pain management) which are hard to find in the Midlands community.

DAVID JAMESON - CHAIR, CAMHC BOARD OF DIRECTORS



David Jameson, Chair,
CAMHC Board of
Directors

David Jameson, in his third year as Chair of the CAMHC Board of Directors, brought 35 years of behavioral health experience with him when he joined the Board six years ago. Raised in Easley, he earned a bachelor's degree in Sociology from Presbyterian College and a master's degree in Public Health Administration from The University of South Carolina. The merger of the local alcohol and drug agencies resulted in LRADAC, where Jameson served as its first executive director. He worked closely with DMH and found the staff to be cooperative and the services to be high quality

and, often, cutting edge. Jameson's knowledge of behavioral health and the workings of DMH and his experience working for a Board throughout his career make him an ideal Board member. Jameson said he was "able to bring to the Board what to do and what not to do," and doesn't believe the Board should micromanage Center staff. He has encouraged staff to make Board presentations on various Center programs.

Jameson said the Board has recently been questioning what the Center should be doing to provide better services: Where

are the gaps? What could CAMHC do with more funding? Board members agree that more funding would enable the Center to offer more competitive psychiatrist salaries to help with doctor retention. With very little additional funding, the Center could be more proactive in community prevention services and in community awareness, educating the public that almost all mental illnesses are recoverable or at least manageable. Jameson said the key to effective treatment is to get people in for services as early as possible and to not wait for a crisis.

L. GREGORY “GREG” PEARCE, JR., - RICHLAND COUNTY COUNCILMAN

After a 35-year career with DMH, Richland County Councilman Greg Pearce says he “facilitated” himself out of a job. As the last facility director of Crafts-Farrow State Hospital, Pearce was involved in the early initiatives downsizing DMH hospitals and transferring patients into the community. Knowing he wanted to work in public service and continue to help people, Pearce ran for Richland County Council after he retired. When elected, the Council wanted to fund a \$2 million expansion of the Alvin S. Glenn Detention Center. Pearce explained that “people with mental illness were committing minor crimes that were filling up the jails. Why not deal with the mental illness and keep from expanding the jail?”

The Council took his advice and funded DMH instead.

Born and raised in Columbia, Pearce graduated from Presbyterian College with a bachelor’s degree in Psychology and earned a master’s degree in Counseling from USC. The day after he graduated from high school at age 17, he started a “summer student program” with DMH for college-bound high school graduates, who would fill in for mental health specialists on vacation. Pearce said he “fell in love” with mental health work and continued working summers at the SC State Hospital throughout college. After college graduation, DMH hired him and paid for his graduate education. Pearce worked as a psy-

chologist, the program director of the Developmental Disabilities Unit and facility director of the Crafts-Farrow State Hospital.

Pearce feels community services and support are seriously backsliding now that Mental Health is not funded at appropriate levels. If funding from the Legislature increased, Pearce would recommend giving the bulk of it to community care for people with mental illness. However, there is a small but residual group of individuals who will never be able to function successfully in the community. He believes DMH needs a 200-300 bed facility “to give acute hospitals a chance to *be* acute hospitals.”



L. Gregory Pearce, Jr.
Richland County Councilman

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PEARCE

CANDICE MORGAN, LMSW - HOMELESS OUTREACH COORDINATOR

Candice Morgan began her career with CAMHC as the Homeless Outreach Coordinator in April 2009. After growing up in Campobello, Morgan moved to New York City and attended culinary school and “cooked” in upscale restaurants that served “real” food until she started Bryn Mawr College at age 27. During a year of volunteering with Baltimore’s Health Care for the Homeless after graduation, Morgan “fell in love with social work and homeless people.” She earned a master’s in Social Work at Loyola University and then worked in Chicago for 12 years with a large team, doing exactly what she’s doing in her current position: helping

homeless individuals by beginning with their basic needs and engaging them in services through intensive street and shelter outreach.

Morgan returned to her home state to enter USC’s doctoral program in Social Work. Currently in her fourth year of the program, she hopes her Ph.D. will provide opportunities to have “more power to effect change for people who are extremely poor, extremely mentally ill, and without a place to call home.”

Morgan believes social work ethics and the values imparted to her as a child go well together in the workplace, in that she values everyone, “... especially people who have the

hardest time getting to us and staying in services...(They) deserve ‘Cadillac’ services and to be treated as if they have a million dollars—not as second or third class people.”

In addition to her full-time job and doctoral studies, Morgan works in the Palmetto Richland emergency department on Friday nights assessing patients with mental illness, and works as USC College of Social Work Dean Anna Scheyett’s research assistant. They recently had a research article accepted for publication.



Candice Morgan,
Homeless Outreach Coordinator



Bruce Cannon, Director,
Adult Emergency Services

BRUCE CANNON, M.ED, LPC - DIRECTOR, ADULT EMERGENCY SERVICES

Bruce Cannon began his career with DMH in 1973 at the Hall Institute in the adolescent inpatient unit after earning his bachelor's degree in psychology from USC. After three years, he transferred to the child and adolescent outpatient program at CAMHC, and began working on his master's degree in counseling while working full time. He completed his M.Ed. in 1978, also from USC. Cannon transferred to Adult Emergency Services in 1985, where he has served in one capacity or another ever since. On the departmental level, he has played an important role in the implementation of the Family Inclusion Initia-

tive, as well as the early tele-psychiatry program for Deaf Services. Though primarily an administrator, Cannon still has plenty of direct service contact, either in the office setting or in the ER across the street, as he still enjoys seeing patients and believes in leading by example.

Cannon is proud that his staff are good, caring people who will listen to patients and their families, so that when they leave, they will feel like they've been heard. Both the clinical and administrative staff frequently go "above and beyond the call of duty," to ensure patients receive the services they need.

Cannon is also very proud to have played a part in developing the Behavioral Health Team in the Palmetto Health Richland emergency department, which is a model of interagency collaboration. Since 2005, a Center staff member has served on this team of professionals, who provide consultation and treatment to behavioral health patients in the emergency department seven days a week from 8:30am to midnight. Approximately 2,000 patients are diverted from DMH inpatient facilities each year due to the efforts of this team; Cannon coordinates the Center's participation.

"HANDLING
DISRUPTIVE
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SHOTT

ELIZABETH SHOTT, MA, LPC-I - COORDINATOR, INFANT AND EARLY CHILDHOOD EVALUATION & TREATMENT CLINIC

Coordinator of the Infant and Early Childhood Evaluation & Treatment Clinic since 2005, Elizabeth Shott began her career with DMH in 1998 at the Piedmont MHC as the DSS Liaison Therapist. In 2001, Shott transferred to the William S. Hall Institute's Children's Day Treatment Program, and then, to Hall's outpatient services and the Diagnostic Preschool program. In 2005, Shott began to specialize in diagnosing and treating young children ages 0-3. When these outpatient services were transferred from Hall Institute to CAMHC, Shott made the transition too.

The daughter of a Marine, Shott grew up near Jacksonville, North Carolina. After taking a psychology class in

high school, she knew she wanted to "get into psychology and to work with children." After taking courses at a community college, she earned a bachelor's degree in psychology from University of North Carolina-Chapel Hill and a master's degree in Clinical Psychology from Western Carolina University.

Shott is passionate about making a difference in the lives of children. A believer in early intervention, she says handling disruptive behavior early can prevent oppositional defiant behavior as a child gets older. Many of the families Shott works with have a history of intergenerational abuse, and, as a result, have had limited exposure to good parenting role models. She empowers these

families by teaching positive parenting strategies. She sees "such success in short times with families."

The Infant & Early Childhood Evaluation Clinic treatment team is formed through the collaborative efforts of the SC Department of Mental Health and the USC School of Medicine's Department of Neuropsychiatry and Behavioral Sciences. An interdisciplinary team evaluates children ages 0-5 in a diagnostic clinic one afternoon per week. The team includes Shott, child psychiatrist, Dr. Craig Stuck, pediatric residents, counseling interns and social work interns. Shott enjoys the academic affiliation with the residents and interns because it encourages her to stay current in her field.



Elizabeth Shott, Coordinator,
Infant and Early Childhood
Evaluation & Treatment
Clinic

DEANNA MCNEIL, MD - ADULT CLINIC SERVICES DIRECTOR

Director of Adult Clinic Services (ACS) Deanna McNeil, MD, born and raised in Charleston, has been affiliated with DMH since 1993. She was hired as senior staff psychiatrist at ACS in 2002, and was promoted to director in 2006. Dr. McNeil graduated as the number one student in the School of Humanities and Social Science at USC with a bachelor's degree in psychology and joined the Navy to pay for medical school at MUSC in Charleston. She performed her internship and residency at Bethesda Naval Hospital and her 'payback time' at Portsmouth Naval Hospital. Dr. McNeil left the Navy after the

first Gulf War to be a wife and a mother to her two sons because "if the Navy wanted me to have a husband and kids they would have given them to me in my seabag, as an old saying goes."

What Dr. McNeil likes most about working for CAMHC is what she enjoyed most about the military: working on a team. "No one is an island. We are a team; we are committed to the patients and our mission," she states. Dr. McNeil has a passion for her work and doesn't take for granted the ability to touch clients and their families. As an administrator, she enjoys

identifying and nurturing young talent.

Dr. McNeil has led ACS to the cutting edge of patient care by adding on-site services to ensure the best integrated care for clients' overall health. ACS offers an in-house lab, pharmacy, primary care physician, sponsored Medicaid worker, entitlement specialist for disability application assistance, and Vocational Rehabilitation counselor to assist clients in finding employment. ACS is truly a one-stop shop for CAMHC's adult clients thanks to Dr. McNeil and her team.



Deanna McNeil, MD,
Adult Clinic Services Director

KATHY HUGG, MRC, LPC-I - PROGRAM DIRECTOR, INSIGHTS YOUNG ADULT PROGRAM

Kathy Hugg, program director of Insights Young Adult Program, began her career with CAMHC in 2002 at age 24 with New Horizons Day Treatment Program for adults.

One of her youngest clients, aged 21, had his first psychotic episode while in college. After he was hospitalized, he attempted college again with no success. When Hugg met him, he was living in a community care home with much older people and attending a day program with much older people. His dreams were to live independently, own a car, go to school, and work—what most people want in life. However, Hugg said she had a hard time getting him to believe that recovery was possible. She spent lots of one-on-

one time with him and even took him to tour the Midlands Technical College campus. This client was Hugg's inspiration for proposing a young adult program for clients aged 18-30 years old at CAMHC. Her proposals were accepted and funded, and the Insights Young Adult Program opened its doors in January 2008.

Born and raised in Spartanburg, Hugg graduated from Lander University with a bachelor's degree in Psychology and from the USC School of Medicine with a master's degree in Rehabilitation Counseling. Until she started her career in mental health, Hugg wanted to work in a hospital with children and their families as a child life specialist. However, a 'psychiatric track' scholarship she was

awarded while at USC required her to work in the mental health field for four years. She quickly learned that she "got it" and that mental health was a good fit for her.

Hugg gets the most satisfaction in her job from her clients' success stories; she loves "to be proven wrong" when a client achieves a goal that she and her staff never thought possible. Not much older than Insights clients, Hugg relates to them and what they're going through.

Oh, and the young client who inspired the Insights program? He now lives independently, owns a car, attends college, and has a job.



Kathy Hugg,
Program Director,
Insights Young Adult Program



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

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WWW.SCDMH.ORG

COLUMBIA AREA MENTAL HEALTH CENTER

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Crisis Line - (803) 898-8888

Fairfield County Office

1073 US Highway 321 Bypass
Winnsboro, SC 29180
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WWW.COLAMHC.ORG

RECOVERY SPOTLIGHT – EDMOND D., JR.



I came from a small town and grew up thinking I could be a teacher. I went to college and wound up working in the management field instead; that took up a lot of my time. I married at 21, but realized that I wasn't happy. I was having a difficult time feeling accepted by family and friends from church. I wasn't able to achieve what I

thought were healthy relationships.

To comfort myself, I turned to alcohol and drugs. I thought they could help me deal with personal issues and my deepening depression. It only resulted in job loss. I recognized that I had a problem and, being a resourceful guy, I got help and went to rehab to help me move forward with my life. The problem was that I didn't deal with my fear or anger, and I relapsed, moving on to even harder drugs I thought could help me deal with my anger, pain, fear, and shame. I went to programs but didn't work them. Fortunately, I didn't give up on myself, and through faith and help from the mental health system and alcohol and drug abuse programs, I began to improve. My relationships with both my biological and church

families were strengthened. I understood that I had an addiction and needed help and understanding in how to deal with life.

Today, I attend 12-step meetings, have a sponsor and a good support network, and go to recovery meetings at my church. I have recently returned to the workforce after a two-and-a-half year absence. I have a good outlook on life and know, with the help of Christ and my family and friends, that I can not only face my own fears, but also help others around me. I currently have 28 months of recovery, and I am just taking things one day at a time. With recovery, I have been able to purchase a car, and move forward with my life.